

Sheet 1 of 2

THIS FORM REPLACES DR FORM 40, JAN 02
PREVIOUS EDITIONS WILL BE DESTROYED

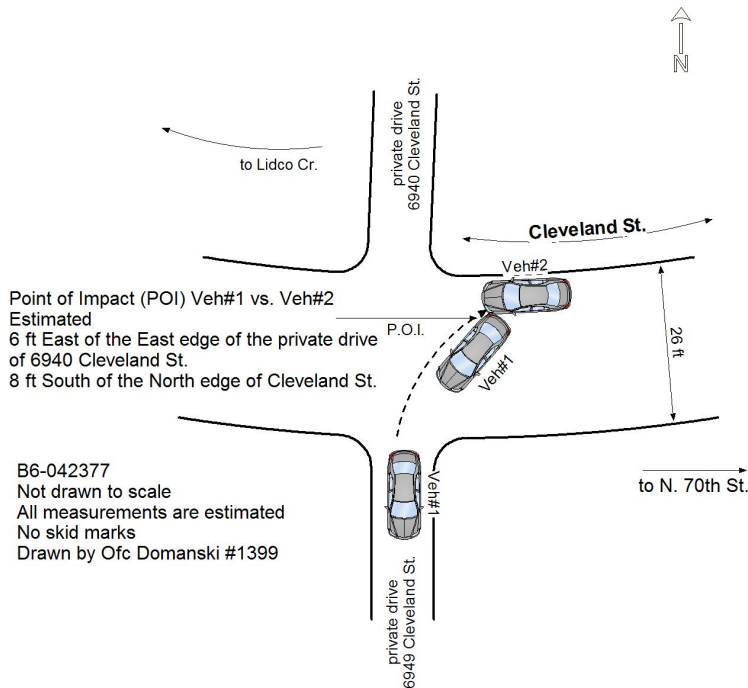
THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.
B6-042377



Indicate
North
by Arrow



DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

On 5-15-2016 at approximately 0811 hours driver of veh#1 reported he was backing out of his driveway at 6949 Cleveland St. As he was backing out he struck the front driver side corner of veh#2 which was parked on the North side of the street and just East of 6940 Cleveland St. Veh#2 had been left legally parked and unattended. The corner of the bumper to veh#2 was pushed in and minor damage was done to veh#1.

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
WITNESSES	NAME				PHONE
	NAME				PHONE

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA <i>(Enter numbers for each vehicle)</i>				AIRBAG DEPLOYED VEHICLE 1				RESTRAINT USE VEHICLE 1				TOTAL OCCUPANTS				
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME															
1	X				private drive 69															
2				X	Cleveland St.															
1	02				06 Turning left															
2	10				08 Entering traffic lane															
					01 Essentially straight ahead															
					02 Backing															
					03 Changing lanes															
					04 Overtaking/ Passing															
					05 Turning right															
					09 Leaving traffic lane															
					10 Parked															
					11 Slowing or stopped in traffic															
					12 Other															
					13 Unknown															

VEHICLE 1		VEHICLE 2	
POINT OF IMPACT	04	POINT OF IMPACT	08
MOST DAMAGED AREA	04	MOST DAMAGED AREA	08

00 None 01 Top & windows 02 Undercarriage 03 Total (all areas) 04 Other				05 06 07 08			
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1 Deployed - front 2 Deployed - side 3 Deployed - both front/side 4 Not deployed 5 Not applicable/ No airbag available 6 Unknown				1 None used - vehicle occupant 2 Lap & shoulder belt used 3 Shoulder belt only used 4 Lap belt only used 5 Child safety seat used 6 Child booster seat used 7 DOT approved helmet used 8 Costume helmet used 9 Restraint use unknown			
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1 Driver No. 1 2 Driver No. 2 3 Pedestrian				4 Driver No. 1 5 Driver No. 2			
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1 Neither alcohol nor drugs suspected 2 Yes - alcohol suspected 3 Yes - drugs suspected 4 Yes - alcohol & drugs suspected 5 Unknown			
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OFFICER NO. 1399	TROOP/ TEAM/ BEAT 2	DEPARTMENT Lincoln Police Department	Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
INVESTIGATOR NAME (Print or Type) Tom Domanski		INVESTIGATOR SIGNATURE Approved by Officer Tom Domanski	
DATE OF REPORT 05/15/2016			